

## Verification of Employment

<p style="text-align: center;">(NAME OF HOME PARTICIPATING JURISDICTION)</p> <p style="text-align: center;"><b>CITY OF FALLS CHURCH</b>  <b>HOUSING AND HUMAN SERVICES</b>          300 PARK AVE, FALLS CHURCH, VA 22046          (703) 248-5005 * FAX (703) 248-5149</p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Homeownership Assistance Program, which we operate and we will re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit for the household.</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate:          \$_____/Hour; or \$_____/Week; or \$_____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. weeks _____, or No. weeks _____ worked/Year</p> <p>Overtime pay rate: \$_____/Hour</p> <p>Expected average number of hours overtime worked per week during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):          For: _____ \$_____ per _____</p> <p>Is pay received for vacation?      Yes      No</p> <p>If Yes, no. of days per year _____</p> <p>Total base pay earnings for past 12 mos. \$_____</p> <p>Total overtime earnings for past 12 mos. \$_____</p> <p>Probability and expected date of any pay increase:          _____</p> <p>Does the employee have access to a retirement account?      Yes      No</p> <p>If Yes, what amount can they get access to:          \$_____</p>
<p><b>RELEASE:</b> I, _____ (<i>print applicant's name</i>) hereby authorize the release of the requested information.</p> <p>_____          (Signature of Applicant)</p> <p>Date: _____</p> <p>or a copy of the executed "Consent &amp; Release Form," which authorizes the release of the information requested, is attached.</p>	<p><b>EMPLOYER INFORMATION:</b></p> <p>Company Name : _____</p> <p>_____          Street Address</p> <p>_____          City                      State                      Zip Code</p>
<p>Signature of _____ or          Authorized Representative</p> <p>_____          Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>	
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	